

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

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| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------------|------------------------|------------|------------------------|------|
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| TOTAL DEP. | 42 | | ↔ | | ↔ | |
| TOTAL CLAIMS | 45 | [REDACTED] | | [REDACTED] | [REDACTED] | |

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| TOTAL IND. | | | ↓ | | |
| TOTAL DEP. | | | ↔ | | |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | [REDACTED] |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS